PATENT APPLICATION DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number: **09/937584**

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21 minus 20=	* 1
INDEPENDENT CLAIMS	5 minus 3 =	* 2
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

	RATE	FEE
BASIC FEE		50
	X$ 9=	1
	X40=	900
	+135=	
TOTAL		

OR OTHER THAN SMALL ENTITY

	RATE	FEE
BASIC FEE		
	X$18=	
	X80=	0
	+270=	
TOTAL		

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY

	RATE	ADDITIONAL FEE
	X$ 9=	
	X40=	
	+135=	
TOTAL ADDIT. FEE		

OR OTHER THAN SMALL ENTITY

	RATE	ADDITIONAL FEE
	X$18=	
	X80=	
	+270=	
TOTAL ADDIT. FEE		

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	RATE	ADDITIONAL FEE
	X$ 9=	
	X40=	
	+135=	
TOTAL ADDIT. FEE		

	RATE	ADDITIONAL FEE
	X$18=	
	X80=	
	+270=	
TOTAL ADDIT. FEE		

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	RATE	ADDITIONAL FEE
	X$ 9=	
	X40=	
	+135=	
TOTAL ADDIT. FEE		

	RATE	ADDITIONAL FEE
	X$18=	
	X80=	
	+270=	
TOTAL ADDIT. FEE		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in th appropriate box in column 1.

FORM PTO-875

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